2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000093240

1. Entity Name

KORBIN SYSTEMS, INCORPORATED



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90090 026 ***150.00

				WE WE			
Principal Place of Business 924 CENTRAL AVENUE FORT WALTON BEACH FL 32547			Mailing Address 924 CENTRAL AVENUE FORT WALTON BEACH FL 32547				
2. Principal Place of Business			3. Mailing Address			l jedijodi ilo islih sirki soki obili belil belil ibil	IP IZYON CINSY NYNII KNII (NNI
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES	
City & State			City & State			FEI Number 59-3422127	Applied For Not Applicable
	Country	Zip	Zip Country		5.		8.75 Additional ee Required
5. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
YATES, JANICE W				Name	Name		
•				Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
924 CENTRAL AVENUE				-			
FORT WALTON BEACH FL 32547							
				City	City FL Zip Code		
		ent for the purpose	of changing its req	L gistered office or	registered a	agent, or both, in the State of Florida. I am far	niliar with, and accept
Signature types	or printed name of registered	agent and title if applicat	ile. (NOTE: Re	egistered Agent signatu	re required wher	n reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					•	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
0.				11.			
PDC			☐ Delete	TITLE		I	Change Addition
				NAME			
				STREET ADDRESS			ļ
SHALIMA	R FL 32579			CITY-ST-ZIP			
VSD			☐ Delete	TITLE			☐ Change ☐ Addition
	HARLES W			NAME			
	AVENUE N BEACH FL N BEACH FL #, etc. 6. Name ANICE W RAL AVENU LTON BEACH LTON BEACH named entitions of regist Signature, typed ILE NOW! r May 1, 20t k Payable to PDC KAIN, JAI 2575 CAN SHALIMAI VSD	AVENUE N BEACH FL 32547 lace of Business #, etc. Country 6. Name and Address of Cur ANICE W RAL AVENUE LTON BEACH FL 32547 named entity submits this statement ions of registered agent. Signature, typed or printed name of registered agent. Signature typed or printed name of registered agent. OFFICERS PDC KAIN, JAMES E 2575 CAYENNE DR SHALIMAR FL 32579	AVENUE N BEACH FL 32547 PORT WA Place of Business 3. Mailing #, etc. City & S Country Zip 6. Name and Address of Current Registered A ANICE W RAL AVENUE LTON BEACH FL 32547 named entity submits this statement for the purpose ions of registered agent. Signature, typed or printed name of registered agent and title if applicate ions of registered agent. Signature, typed or printed name of registered agent and title if applicate ions of registered agent and title ions of registered agent	AVENUE N BEACH FL 32547 Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed Department of State OFFICERS AND DIRECTORS PDC KAIN, JAMES E 2575 CAYENNE DR SHALIMAR FL 32579 VSD Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City &	Mailing Address AVENUE N BEACH FL 32547 AVENUE N BEACH FL 32547 AVENUE N BEACH FL 32547 AVENUE Suite, Apt. #, etc. City & State Country Country Country Country City & State Country ANICE W RAL AVENUE LTON BEACH FL 32547 City named entity submits this statement for the purpose of changing its registered office or ions of registered agent. Signature, typed or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent signature) (NOTE: Registered Agent signature) (NOTE: Registered Agent signature) ANICE W City Delete OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP VSD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP VSD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TIT	AVENUE N BEACH FL 32547 Suite, Apt. #, etc. City & State Country Zip Country 5. Name and Address of Current Registered Agent Name Street Address (P.O. City Inamed entity submits this statement for the purpose of changing its registered office or registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required whe signature required whe purpose of changing its registered office or registered agent. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. In It	Avenue Search FL 32547 All all and Address Search FL 32547 All all and Address Search FL 32547 All all and Address Search FL 32547 All

STREET ADDRESS STREET ADDRESS 924 CENTRAL AVE. CITY-ST-ZIP FORT WALTON BEACH FL 32547 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME YATES, JANICE W NAME STREET ADDRESS 924 CENTRAL AVE STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH FL CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP